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THE MILD CHARACTER AND DIMINISHED PREVALENCE OF SYPHILIS, AND THE INFREQUENCY OF VISCERAL SYPHILIS.

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The writer is fully aware of the absence of the precision of statements in this paper which should attend all scientific communications. For reasons which will be briefly considered later, such precision could not be obtained. It is unfortunate that we must deal in generalities, but the tide of thought may be turned in the direction indicated by these lines, and precision sooner or later attained. The paper is presented with the object of eliciting discussion, so that, if possible, we can carry with us, if desirable, more definite notions of the prevalence of the disease and the virulence of its manifestations.

The frequency of a disease of the character we are considering in a community can only be determined positively by compulsory notification. In the absence of such notification, we must resort to the statistics of the hospitals of the community, and to the records of physicians in private practice. The former do not tell the story correctly, because too many individuals are engaged in the make-up of the statistics. That uncertain quality, the "personal equation," is one of the many discordant factors which make such data unreliable. Moreover, the victim of a disease like the one under consideration, which presents so many "ups and downs," may be treated at different times in the same institution during the same year, or at various institutions in that period.

The records of physicians in private practice would likewise be misleading. The tendency of this class of patients to see more than one physician, the choice depending upon the organ or structure at that time the seat of the disease, is one factor. Again, the

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class of practice which engages the attention of the physician would modify his statistics. The specialist on venereal diseases sometimes shudders at their apparent prevalence in the community, while the general practitioner observes but few cases in a corresponding period. Then, too, a man at fifty must not decide upon the frequency of a disease because he sees more than he did at twenty-five.

In short, there is no definite quantity upon which to base our calculations. This may be secured in part by taking a definite class of men who are under the observation of a corps of students guided by the same definite purpose, both classes remaining as more or less fixed quantities. The statistics of the Army or Navy are therefore reliable up to a certain point. They are not, however, an index of the ravages in a community.

Another factor that does not fluctuate may be derived from the records of the hospitals and dispensaries which treat venereal diseases alone. If one only of each existed in a city, a fair idea of the prevalence of the disease could be obtained. Usually this is impossible; especially is this so with dispensaries, for the patient wanders from one to another at his own sweet will as fancy or convenience dictates. Many factors also, as the movement of population, cause a variance in the attendance of patients upon a particular dispensary.

The nearest approach to the ideal definite quantity is to be found in a community which has only one hospital for the treatment of the disease under consideration. Even here fallacies enter, and we can only judge of the frequency of the disease by inference, for the class attendant upon the hospital are only a portion of the community which may be infected.

Obviously, therefore, we can only come to that which approaches a conclusion by the expression of individual impressions. Scientific definiteness of statement, it is to be deplored, cannot be obtained. If such impressions tally with the statistics of a hospital situated under the circumstances above indicated, they are all the more trustworthy.

Notwithstanding the increased scope of view, and the occurrence of fallacies, the writer is firmly imbued with the impression that there is less syphilis in the community in which he resides than there was ten or fifteen years ago. It is certain that the

disease does not come under observation as frequently, either in private or hospital practice, as in former years. Does this tally with hospital statistics which have some impress of definiteness?

In Philadelphia the treatment of syphilis with lesions which render the disease communicable is limited to the Philadelphia Hospital (Blockley). To the wards of this hospital are admitted the poor classes that are victims of the disease. It follows that any statement concerning the prevalence of syphilis obviously applies only to this prevalence among the poorer classes. The development of the disease under discussion is, however, more favored by the conditions that surround this class. Any fluctuation in the tendency of the disease among them is nevertheless a tolerably fair index of its frequency in a community.

The percentage of the cases of syphilis treated in the Philadelphia Hospital is indicated by the following table:

Per cent. Syphilis in Hospital for Periods of Five Years—1864 *to* 1893 *inclusive.*

1864 to 1868 = 6.68 per cent.	1879 to 1883 = 4.26 per cent.
1869 to 1873 = 4.56 "	1884 to 1888 = 3.76 "
1874 to 1878 = 3.36 "	1889 to 1892 = 3.05 "

It is thus seen that the reduction of the percentage of cases of syphilis is to less than one-half, and in the face of the fact that the population of the community from which the cases are drawn has increased fully 35 per cent. in the three decades, and that, moreover, this reduction of percentage would be still greater if the other wards of the hospital increased in a ratio corresponding to the increase of population of the city of Philadelphia. In 1864, 5815 cases were treated in the hospital, whereas it had only increased in 1892 to 7942 cases, a ratio of increase far below the increase of the sick poor of the population. This increase did not occur, because five new hospitals were built and all the old hospitals enlarged since that time, furnishing shelter for the sick, who otherwise would have sought the Philadelphia Hospital.

The cause of the diminished prevalence of syphilis can only be a matter of speculation until we have more satisfactory knowledge of the nature of the specific virus and of its biological properties. It is fair to presume that the increase of the habits of cleanliness of the public is one large causal factor. Then, too, the more modern methods of treatment, which lessen the duration of the contagious

period of the disease, contribute to this decline. It is not, however, stretching the imagination to any great extent to urge the probability either that the soil is less favorable for the development of the disease, or that the activity of the virus is attenuated.

It, of course, must be remembered that the "war period" must have had much to do with the prevalence of syphilis in the decade from 1864 to 1874.

The mild character of syphilis. I have had forty-eight cases of syphilis throughout its course, under observation as family practitioner, for a period of ten years. Three are women who have married and have had children. Children were born in the course of the disease of two of the mothers with symptoms of inherited syphilis, but have grown to healthy children since their birth. Other children in perfect health have been born to the parents. All of the cases above noted I believe are cured. None of them ever presented grave lesions of syphilis. The only case of death from syphilis that I saw, barring aneurisms and other vascular lesions of this disease, was a case of meningitis which developed in a young man in the practice of Professor Wood. If we compare the records of the venereal wards of the Philadelphia Hospital of twenty and thirty years ago, we find the most marked improvement. Formerly, grave ulcerative lesions of external syphilis were common; now they are the exception. The "syphilitic cachexia" was frequently seen; now it is extremely rare. I had expected to show from a study of all cases of syphilis in the hospital a decline of the tertiary varieties of the disease. Such decline has occurred, and in view of the facts previously mentioned regarding the increase of accommodations of other institutions for such patients, is not without significance.

From 1864 to 1868, 3 per cent. of all cases in the hospital were recorded as tertiary, visceral, or nervous forms of syphilis. All forms of internal syphilis are included.

The diminution was one only of moderate degree—1868 to 1873 to 2.25 per cent.; 1874 to 1878, 1.95 per cent.; 1879 to 1883, 2.2 per cent.; 1884 to 1888, 2.65 per cent.; 1888 to 1893, 2.45 per cent.

The decline is only a fractional one, but even no decline in per cent. would mean a diminution in amount. I believe there was

less tertiary syphilis than the records indicate. In one year the records of the nervous wards showed sixty-nine cases of syphilitic hemiplegia; in another year the cases of this character were less than six. It looks as if the diagnosis was made in accordance with the bias of the observer. The small amount of tertiary and visceral syphilis seems to indicate a lessening of the virulence of syphilis. This is substantiated by the accounts of the disease given by writers of forty or sixty years ago, and by the statement of physicians whose experiences bridge the epoch just mentioned. In the Presbyterian Hospital we have treated in the medical wards 9000 cases. Of that number thirty cases are diagnosed as tertiary syphilis; eleven cerebral; two spinal; two hepatic; four laryngo-pharyngeal; a total of forty-nine cases. Certainly if the disease was common and severe, more cases would have resorted to this institution.

Syphilitic disease of the organs of the thorax and abdomen is considered, with the exception of syphilis of the bloodvessels, endarteritis. Here, again, older writings are full; modern writings are the echoes apparently of the past. The experience in the Presbyterian Hospital is a case in point of their infrequency. In a series of three hundred and thirty autopsies which I have conducted, the visceral lesions of syphilis (other than vascular) occurred but once. In private practice, I have had but two cases (elsewhere reported) of visceral syphilis outside of the nervous and vascular system. Are we not justified in asking, if pulmonary or other forms of visceral syphilis are rare, is it not possible that so-called syphilitic lesions of the arteries and nervous system are due to other causes?

The statistics of the hospitals which I could consult are unreliable, I regret to say, and any information they may possess is buried in such a manner in the notes of the autopsy, as to render them inaccessible.

Granting the mild character of syphilis and the infrequency of visceral forms, are we warranted in considering the syphilitic process as a factor in the pathology of vascular and nervous syphilis? I believe visceral syphilis was common in the past, or else mistaken for the lesions of tuberculosis. I believe it is at present infrequent, without being able to give definite data. Should the be ɹuot ʋe

similar decline in the frequency of vascular and, secondary to it (for there is usually a primary endarteritis), nervous syphilis?

RÉSUMÉ. In the Philadelphia Hospital, the only institution in Philadelphia in which early syphilis is treated, there has been a progressive diminution in the number of cases of syphilis, notwithstanding the increase in the population of the community. This statement is made notwithstanding the statistics were begun just after the war, in time rife with such diseases. It is at present a mild disease. Tertiary manifestations are not common. Visceral syphilis is rare.